Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/12/201</u> 0	Address:	207 E. Bowser Rd
Case #;	<u>24F31771</u>		Syracuse, In 46567
County:	<u>Kosciusko</u>		
Type of Laboratory Scizure (check one) Operational Lab		Scizure Location (check all that apply) Residence Hotel/Motel	
	al/Glassware/Equipment (only)	Outbuilding Vehicle	Open – No Structure Other;
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☑ Lithium/Ammonia Reaction(s): Kitchen/freezer			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>Living toom</u>			
Water Reactive Metal (Lithium): Kitchen/Preezer			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>Living room/Bathroom</u>			
Corrosive Base: <u>Kitchen</u>			
Other (item and location): <u>basement (marijuana grow)</u>			
☐ Yes ∑ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	<u>: Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Syracuse Fire</u> artment: <u>Kosciusko Co.</u> etion Service: <u>N/A</u>	Fax: <u>574-4</u> Fax: <u>(574)</u> Fax:	<u>269-2023</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jason Faulstich Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.